ing to the density of population. Sickness under the Government Subsidy for illness is not to be associated with relief of the economic status of the patient. It is essential to keep these separate.

There should be lay control of sick benefits, planned from previous experience gained by the methods of lodges and industrial accident reports on the subject. We, as physicians, then devote all our interests to the physicial relief, not on the patient's ability to recover money for his illness.

Physical Examination Twice Yearly:

Physical examinations required twice yearly of all the less than \$2,000 income group, thus preventing extensive inroads of disease before being recognized by the patient, causing an additional economic burden necessitating more serious operative procedures or longer medical care for return to normal.

The United States Public Health Service to be used by the Government for the establishment of local health officers devoting their entire time to preventive medicine or prevention of disease by immunization and control of plagues, epidemics or other possible sources of infection.

COMMENT

Such a plan as the above must have just reason to be born and also be practical enough to exist.

Let us review the good points. If the good is better than the evil of such a plan its principle should be adopted.

- 1. The members of this group, the less than \$2,000 income group, are not in any sense of the word charity patients, yet many, due to extenuating circumstances, are forced to use county hospital service. Under the above plan they will receive adequate care without the stigma of being a county hospital patient.
- 2. They will have free choice of physicians which they often do not have at present.
- 3. Their burden to the United States is lessened economically.
- 4. It eliminates from this group the middle man's profit in drugs.
- 5. It fills the waste space in private hospitals and relieves over-crowding in public hospitals.
- 6. The partially unemployed do not have to become charity patients.
- 7. The Government's obligation to its people is fulfilled in time of need, with reimbursement of the Government by those in this class who are financially responsible.
- Those of this less than \$2,000 group, who are healthy are not taxed for the group of unhealthy, except through Government subsidy which the entire nation has to pay.
- 9. The fact that indigents, after restoration to health, are to be held financially responsible for debts incurred, is important. The plan will soon classify the indigent group who are in this less than \$2,000 group into the productive and nonproductive by judging their future ability to pay. There will be a definite group of nonproductive individuals who are mentally or physically incapacitated due to congenital or acquired illnesses, and for this group some definite program can then be

logically outlined. As it is now, we do not have any idea how many of these incompetents we have or what we should do with them. They can pile up financial and marital obligations without restraint to the detriment of the future of our Government.

10. We have simplified the care of the sick; we have placed the burden where it economically belongs without creating a political bureaucracy. Medico-Dental Building.

THE VALUE OF DIET ANALYSIS IN PEDIATRIC PRACTICE*

By RIETA C. HOUGH, M.D. AND MICHAEL J. WALSH, M.Sc. San Diego

Discussion by E. Earl Moody, M.D., Los Angeles; Helen B. Pryor, M.D., Stanford University; Helen Hopkins, M. D., Los Angeles.

DIET, diet fads, and fancies have become almost a phobia with the public in general the past few years. Therefore, a review of the actual facts concerning diet and the method of determining a correct and adequate one does not seem amiss at this time.

In order to follow rapidly the methods used, let us briefly review the basic facts which we all know but which at times slip from our memories.

FOOD REQUIREMENTS

For adequate nutrition every individual has definite needs of energy foods: proteins, fats, carbohydrates; tissue-building foods; minerals; vitamins.

ENERGY REQUIREMENT FOR CHILDREN

Children and adolescents have a relatively higher requirement per pound of body weight than adults, due to the demand for growth.

Childhood energy requirement must provide for energy expenditure plus energy required for growth.

PROTEINS

Children and adolescents require 0.9 to 1.2 grams per pound of body weight, depending upon activity.

CARBOHYDRATES

About 50 to 60 per cent of the total calories should be in carbohydrates.

The total calories, minus the sum of protein and carbohydrate calories, give us the fat requirement.

* Read before the Pediatric Section of the California Medical Association at the sixty-sixth annual session, Del Monte, May 2-6, 1937.

[†]Author's Note.—This apparently is opposed to my previous policy when socialized medicine was introduced in the State Legislature several years ago. Since then there has been a rapid economic change, with political groups catering to the votes of the multitude, with medical placebos at the expense of the doctor. Therefore, some method must be evolved by the doctors which will preserve their personal relationship with the patient and give them just recompense for services rendered the group mentioned in this article.

I wish to acknowledge facts and statistics obtained from the Economic Survey of the California State Medical Association, and additional facts and data obtained from literature of the California Taxpayers' Association.

* Read before the Pediatric Section of the California

Table 1.—Ave	erage Daily Energy Children	Requirement for
:	Age 1 to 19 Years	s
	Calc	ories
Age Years	Boys	Girls
1	1,050	900
2	1,200	1,100
3	1,250	1,200
4	1,350	1,250
5	1,450	1,350
6	1,700	1,600
7	1,850	1,700
8	2,000	1,900
9	2,200	2,100
10	2,400	2,250
11	2,450	2,400
12	2,650	2,550
13	3,000	2,750
14	3,200	2,700
15	3,350	2,600
16	3,350	2,500
17	3,300	2,450
18	3,000	2,300
19	3,000	2,300
Adapted from Investigation.	n report, Medico-Ac	tuarial Mortality

MINERAL REQUIREMENT

The ratio of calcium intake to intake of phosphorus is most important and should be between 1 to $1\frac{1}{2}$, and 1 to 2.

Calcium

Minimum, 1010 milligrams.

Optimum, 2000 milligrams, plus.

Phosphorus

Minimum, 1980 milligrams.

Optimum, 3000 milligrams, plus.

IRON REQUIREMENT

According to Sherman, Rose and others, normal adults require 10 milligrams daily.

The most recent studies on children up to the age of six indicate an average iron requirement of 0.275 milligram per pound of body weight. To insure adequacy the diet should contain one and one-half times the minimum requirement, or 15 to 18 milligrams daily.

COPPER AND MANGANESE REQUIREMENT

The allowance should be 0.014 milligram per kilogram. The requirement is nearly always met even in the poorest diets. Children should have 18 milligrams daily.

IODIN REQUIREMENT

This is usually expressed in gammas, with one gamma equal to 0.001 milligram.

The authorities are not in agreement regarding the iodin requirement. One gamma of iodin is a very small part (one thousandth) of a milligram, and yet you will find that it is quite common to get one-half gamma of iodin in an average portion of most of our foods.

According to balance studies, the Swiss authority, Von Fellenberg, has calculated the human requirement at 14 gammas daily.

The British authorities, Orr and Leitch, place the adult daily requirement at 45 gammas.

Based on goiter prophylactic studies, the American authorities, Marine and Kimball, estimate the requirement at 2 milligrams for adolescents daily.

Based on rat studies, Thompson (Toronto) found that a level of 1280 gammas per 100 grams of diet was necessary to completely prevent thyroid hyperplasia. This study showed the iodin requirement to be greater on high calcium diets.

Also based on rat studies, the South Carolina group, Remington and associates, interpolated their findings to show that the average daily human requirement is 120 gammas. However, for safety, 2000 to 3000 gammas should be the daily requirement.

SODIUM, POTASSIUM, CHLORIN, SULPHUR

The authorities assume these are adequate in the American diet, but it is doubtful if this is true of potassium.

VITAMINS

A—One International unit is equivalent to 0.6 gammas of carotene.

Requirement

Minimum, 1500 International units.

Optimum, 7500 to 9000 International units.

B—The unit of potency of vitamin B is the Chase-Sherman unit, i. e., the amount of vitamin B required to produce a gain of 3 grams per week in a B depleted rat.

Requirement

Minimum, 100 Sherman units.

Optimum, 200 Sherman units.

C—The International unit is equal to 0.05 milligram of ascorbic acid.

Requirement

Minimum, 150 International units.

Optimum, 200 International units (for infants and children).

G—The only available unit is the Sherman-Bourquin unit, which is the amount required to produce a gain of 3 grams per week in a G depleted rat

Requirement

Minimum, 60 Sherman-Bourquin units.

Optimum, 100 Sherman-Bourquin units (in infants and children).

D—U. S. P. XI and the International unit represent the vitamin D potency of 0.025 gammas of calciferal. The Steenbach unit equals 3.37 International units.

Tabli	2.—Vite	amin Re	quiremen	t Summ	ary
	(Optimu	m Dietaı	ry Allow	ance)	
	A In- terna- tional Units	B Sher- man Units	C In- terna- tional Units	G Sher- man Units	D In- terna- tional Units
Infants	7,500	100	200	100	1,070
Children	7,500	200	200	100	1,070
Adoles- cents	9,000	400	400	200	1,300

Requirement

Minimum, 450 International units.

Optimum, 900 International units.

The remaining vitamins have as yet no units of measurement or potency.

ACID-BASE BALANCE

The acid-base balance means the ratio between the amounts of acid-ash foods to the amount of alkaline-ash foods in the diet. (This is not to be confused with the acid-base equilibrium, p^{H} range, in the blood and other body fluids.) The ratio should be 1 to 3 or 4.

FUNCTIONS OF THE ACID-BASE BALANCE

- 1. To supply the source material for maintaining acid-base equilibrium of the body.
- 2. To prevent accumulation of organic acid, etc., and hence avoid acidosis.
 - 3. To insure an adequacy of mineral.

WATER

The water requirement is four to eight glasses daily.

With these facts in mind, let us proceed to the building up of a balanced diet. (Table 3.)

That many of the diets given in textbooks on pediatrics are inadequate, is illustrated in Tables 4 and 5.

In building up a balanced diet the mother is instructed to keep a complete and accurate diet list for one week, household measurements being used. A summary is made and each food broken down into its component parts and the columns added and divided by seven. This gives a daily average, which is compared with the known requirement for the child's height, weight, and age.

The following cases have been selected to illustrate the method and value of diet analysis.

All diets were computed by use of the Di-Calator, copyrighted by M. J. Walsh of San Diego.

REPORT OF CASES

Case 1.—P. B., female, age six years, height 44½ inches, weight 43 pounds. (Chart 7-10A and 7-10B.) This patient had been having asthmatic attacks over a period of three years. Sensitization tests had been done and all positive foods removed from her diet. Despite this the asthmatic attacks were occurring regularly every one to two weeks.

		TAI	NBLE 3.—Building Up a Desirable Balanced Diet Foundation	uilding	Up a Di	sirable	Balanced	Diet Fo	undation				•			
Minimum for Children	Pro-	Fat	Car- bohy- drates	Calo-	Cal-	Phos- pho-	Iron	Copper	Iodin	Acid	Base	Vita- min	Vita- min B	Vita- min	Vita- min	Vita- min
One pint whole milk	16.0	19.2	24.0	328	576	448	1.16	80.	32.0		11.2	1,104	88	160	192	4
One egg, 50 grams	6.7	5.3		74	34	90	1.3	.12	1.6	5.5		920	27		99	
One potato, 100 grams	2.2	۲.	18.4	83	14	28	.91	.17	1.6		7.0	35	82	100	20	
One raw green vegetable, 50 grams	9.	.2	1.5	10	22	21	.35	.02	4.		3.7	250	17	30	25	
One cooked vegetable, 80 grams	1.8	.2	5.9	34	37	42	-74	80.	1.2		4.3	340	28	09		
One raw fruit, 100 grams	4.	īċ.	14.2	125	7	12	3.	10.	1.6		3.7	52	25	100	20	
Two slices whole wheat bread and butter (or equivalent in cereal)	5.2	21.8	24.8	324	30	96	1.54	.26	65	1.8		1,222	08			
Total	32.9	47.3	88.8	878	720	767	6.50	.74	39.2	7.3	29.9	3,953	293	450	322	4
Add additionally for enrichment:																
One pint whole milk	16.0	19.2	24.0	328	929	448	1.16	80.	32.0		11.2	1,104	88	160	192	4
One extra fruit, 100 grams	1.3	1.3	22.0	105	6	31	.29	.21	1.6		5.6	350	38	170	35	
Total	50.2	8.29	134.8	1,411	1,305	1,246	7.95	1.03	72.8	7.3	46.7	5,407	419	780	549	
Four ounces beef, 112 grams	33.9	6.9		202	∞	144	2.00	60.	9.	11.8		128	19		100	
Total	84.1	74.7	134.8	1,616	1.313	1,390	9.92	1.12	73.4	19.1	46.7	5,425	438	780	649	∞

	TAB	TABLE 4.—Ex	xample Ic	leal Diet	for Infan	ample Ideal Diet for Infant One Year, Holt & McIntosh, Tenth Edition	ar, Holt	& McInt	osh, Ten	h Editio	ı,					
	Pro- tein	Fat	Car- bohy- drates	Calo-	Cal- cium	Phos- pho- rus	Iron	Copper	Iodin	Acid	Base	Vita- min A	Vita- min B	Vita- min C	Vita- min G	Vita- min D
6 a. m.																
Milk, 8 ounces	8.0	9.6	12.0	164	887	224	.58	40.	16.0		9.6	552	44	08	96	2
10 a. m.																
Cereal, four tablespoons, one-quarter cup	1.35	8.	5.5	33	5.5	32.5	.32	80:		1.0						
Milk, 8 ounces, 240 grams	8.0	9.6	12.0	164	288	224	.58	40.	16.0		9.6	552	44	08	96	2
One slice whole wheat bread and butter	2.6	10.9	12.4	162	15	84	77.	13	4:	ون ا		611	9			
2 p. m.																
Chopped meat, 2 tablespoons, 30 grams	6.4	5.1		72	2	43	9.	.03	87	3.5		20	9		30	
Potato, 2 tablespoons, 30 grams	.7		6.1	78	2	19	.30	90.	ē.		2.0	12	6	33	7	
Green vegetables, 3 tablespoons, 40 grams	∞.	.1	1.3	10	27	2.2	1.54	.05	9.		10.8	1,500	14		40	
Milk, 6 ounces	6.0	7.1	9.0	104	216	168	.43	.03	12.0		4.1	414	32	09	72	3
6 p. m.																
Cereal, 4 tablespoons, 1/4 cup cream of wheat	1.1		8.2	38	4	122	.19	¥0.	2.	1.2						
Milk, 8 ounces	8.0	9.6	12.0	164	288	224	.58	* 0.	16.0		9.6	222	44	08	96	2
One cracker	1.0	6.	7.2	41	2	20	.18	90.		œ.						
Cooked fruit, 2 tablespoons, 30 grams	τ:	.2	10.0	41	အ	æ	.12				1.5					
Total	44.05	53.7	95.7	1,021	1,143.5	1,156.5	5.79	.59	6.19	7.4	35.2	4,198	233	333	417	10
Normal requirement	24.0	47.0	132.0	1,050	1,000	1,500	9 mgs.	.16 mg.	100.0	1 to 3	3	7,500	200	200	100	1,000
Comments on above diet: Calcium-phosphorus ratio 1 to cent deficient; iodin at least 38 per cent deficient.	sphorus r cient.	atio 1 to	1.2; phosphorus	phorus 2	per cen	24 per cent deficient in comparison	it in con		with cal	ium pre	with calcium present; iron 39 per	1 39 per	cent deficient; vitamin D 99 per	sient; vit	amin D	99 per

Years—Royster
1 Child of Five
ay's Dietary for o
TABLE 5.—A D.

					:											
	Pro-	Fat	Car- bohy- drates	Calo- ries	Cal-	Phos- pho- rus	Iron	Copper	Iodin	Acid	Base	Vita- min A	Vita- min B	Vita- min C	Vita-	Vita- min D
Breakfast																
One orange	1.2	6.	17.4	1.1	89	32	82.	.12	2.4		8.4	110	65	780	30	
Cooked oatmeal	2.7	1.2	11.1	99	Ξ	65	89.	.16	ъċ	2.0						
One egg	2.9	5.3		74	34	06	1.3	.12	1.6	5.5		920	27		65	
One slice whole wheat bread	2.4	.2	12.4	62	13	46	.75	.13	.2	6.		Ξ	40			
Butter, one square	2.	10.7	1.0	100	2	2	.02		.2			009				7
Milk, one six-ounce glass	6.0	7.1	9.0	104	216	168	.43	.03	12.0		4.1	414	32	09	72	89
Dinner																
Cream of pea soup	9.6	9.9	12.2	128	100	140	89.	.02	2.7		1.8		ما		22	
Beef, one ounce	7.5	1.5		45	7	36	ъ	20.	27.	wi		4	82	100	20	
One baked potato	2.2	.1	18.4	83	14	28	.91	.17	1.6		1.0	35	14		16	
Canned tomatoes	6.	4.	3.9	23	11	26	9.	.07	1.6		9.9	450	9			
One slice whole wheat bread and butter	2.6	10.9	12.4	162	15	48	77.	.13	4.	6.		611				
Rice pudding	4.5	3.6	13.0	86	65	130	2.	2.	3.	ಣ.						
Supper																
Apple sauce	9:	.7	45.0	186	13	22	.56				6.7					
One slice whole wheat bread and butter	2.6	10.9	12.4	162	15	48	.77	.13	4.	6.		611	9			
Corn bread	2.3	7 9	18.9	68	2	48	.23	.05	1.2	1.2						
Milk, 4 ounces	4.0	4.8	6.0	82	144	112	.29	.02	8.0		2.8	276	22	40	48	-
Total	52.0	64.8	192.1	1,541	108	1,071	9.42	1.24	33.5	12.0	36.4	4.072	313	086	276	11
					1 to 1.5	1.5				1 to 3	က					
Normal requirement	47.0	0.09	181.0	1,450	1,000	1,500	18.0	.18	2,000.0	1 to 3	3	7,500	002	200	100	1,070
Comments: Calcium and phosphorus 30 per cent deficien	per cent	deficien	it; iron 50	per cen	t deficier	ıt; iodin	98 per ce	nt deficie	nt; vitan	iin C 46 1	er cent	leficient;	vitamin	per cent deficient; iodin 98 per cent deficient; vitamin C 46 per cent deficient; vitamin D 100 per cent deficient.	cent def	clent.

Table 6.—Seven-day Diet of P. B. Sex, Female. Age 6

	Pro-	÷ c	Car- bohy-	Calo-	Cal-	Phos-	Tron	i outo	Todin	A Cid	Z G G	Vita- min	Vita- min B	Vita- min	Vita- min	Vita- min
Apple sauce, one cup, 200 grams	, e	1	28.4	250	14	24	1.0	.02	3.2		7.4	104	28	200	9	
Oatmeal, two and one-half cups, 500 grams	13.5	9.	55.5	330	22	325	3.15	×.	2.5	10.0						
Bean soup, 300 grams	15.9	12.6	30.0	294	150	210	1.2	6.	3.6		15.0					
Lettuce, 1,000 grams	12.0	4.0	30.0	200	440	420	7.0	4.	1.6		74.0	5,000	340	009	200	
Mayonnaise, 15 teaspoons, 75 grams	1.0	56.0	2.0	515	10	30	4.			1.0						
Bacon, 12 slices, 60 grams	21.6	27.3		345	9	129	1.8	6.	7.2	7.2					48	
Eggs, four, 200 grams	26.8	21.2		296	136	360	5.5	.48	6.4	22.0		3,800	108		260	
Sugar, 25 teaspoons, 100 grams			100.0	400												
Canned cherries, one-quarter cup, 25 grams	٤	2.	4.2	20	ı.o	∞	۲.	80.	4.		1.1					
Raw apples, six, 600 grams	2.4	3.0	85.2	750	42	72	3.0	.03	9.6		22.2	312	150	009	120	
Peas, one-half cup, 120 grams	8.4	9.	20.3	120	33	153	2.52	.29	1.8		2.0	540	130		15	
Baked sweet potato, 100 grams	1.8	7.	27.4	123	19	45	6.	.15	1.6		6.7	300	28	100		
Baked squash, 100 grams	9.	-:	3.4	17	18	14	.35	.02	1.6		2.8					
Margarine, two tablespoons, 32 grams	4.	25.4		240												
Fried rabbit	23.8	3.7		130	12	232	3.2	.35	æ	10.7						
Walnuts, six, 35 grams	6.3	22.4	4.5	249	21	126	.73	.35	7.0	8.2						
Corn starch pudding, 200 grams	5.8	7.0	42.0	254	210	162	.42	.2	1.0		3.2					
Small glass grapefruit juice	1.2	2.	24.4	104	42	\$.54	90.	3.2		11.2	140		1,100	40	
Meat loaf, 110 grams	19.2	13.7	8.65	239	18	140	1.87	.18	.85	13.86		1,295	54	20	125	
Noodle soup, two-thirds cup, 160 grams	1.0	% .	2.0	22	-	12	1.0	.01	1.8	1.0						
Two hard-cooked eggs, 100 grams	13.4	10.6		148	89	180	2.6	.24	3.2	11.0		1,900	54		130	
Apricots, canned, 50 grams	.5	.2	6.7	29	7	13	€.		œ.		1.9	56	13	22	91	
Celery, 80 grams	6.	.1	2.6	15	62	30	.5	10.	1.2		6.2					
Two lamb chops, 100 grams	31.0	7.5		196	=	200	1.6	4.	ī.	9.6		∞ 	6		45	
Scrambled eggs, 45 grams	4.8	4.2	.7	58	39	72	.89	80.	1.9	4.0		210	10		48	
Cream of pea soup, two cups, 400 grams	11.2	13.2	24.4	256	200	280	1.36	40.	5.4		3.6					
Canned corn, 80 grams	2.2	1.0	15.2	28	מנ	82	.38	80.	1.2	1.4						
One grapefruit, 200 grams	31.2	.2	24.4	104	42	40	-54	90:	3.2		11.2	140		1,100	9	
Canned pears, one cup, 200 grams	1.2	1.0	28.2	126	8	26	62.	2:	3.2		8.4					
One slice rock cod, 100 grams	18.7	ī.		83	10	187	.34	.47	100.0	8.4						
Beets, 120 grams	2.0	Τ.	11.8	54	36	46	7.84	.24	1.8		13.0	92		09	09	
Cabbage, 40 grams	9.	.2	2.2	13	18	12	.14	.02	9:		2.4	Ľ		140	20	
Bean soup, 100 grams	5.3	4.2	10.0	98	20	70	4.	.1	1.2		2.0					
Chocolate pudding, 400 grams	14.0	26.4	105.2	716	408	424	1.64	1.2	2.0		9.6					
One steak, four ounces, 112 grams	33.9	6.9		202	∞	144	2.0	60.	9.	11.8		18	19		100	
Fig juice, 100 grams	1.4	.4	17.9	81	53	36	.79	80.	1.6		6.5	45				
Total	305.1	282.6	717.25	7,158	2,279	4,374	51 40	7.33	182.25	114.76	209.4	14,171	955	4,000	1,601	0000
One-day average	43.6	40.3	102.46	1,022	326	625	7.34	1.05	26.04	16.39	29.9	2,024	136	571	228	
					1 to 1.9	1.9				1 to 1.8	1.8			-	-	

Comments: Energy foods 36 per cent deficient; protein 10 per cent deficient; fat 40 per cent deficient; carbohydrates 49 per cent deficient; calcium 67.5 per cent deficient; phosons 69 per cent deficient; iron 19 per cent deficient; iodin 98 per cent deficient; alkaline foods 39 per cent deficient; vitamin B 32 per cent deficient; vitamin B 32 per cent deficient; vitamin G 25 per cent deficient; vitamin D 100 per cent deficient.

Per Cent

Per Cent

		TABLE 7	TABLE 7.—Steps in Attempting to Correct Previous Allergic Diet (P.B.)	in Atten	npting to	, Correct	Previou	's Allerg	ric Diet	(P.B.)						
	Pro- tein	Fat	Car- bohy- drates	Calo-	Cal-	Phos- pho-	Iron	Iron Copper Iodin	Iodin	Acid	Base	Vita- min	Vita- min B	Vita-	Vita- min	Vita- min
Daily average	43.6	40.3	102.46	1,022	326	625	7.34	1.05	26.04	16.39	29.9	2,024	136	571	228	
					1 to 1.9	1.9				1 to	1 to 1.8					
Normal requirement	48.0	67.0	200.0	1,600	1.000	2,000	19.0	.15	2.000.0	1 to 3		7,500	200	750	120	900
Approximate deficiencies: Energy foods 36 per cent deficient; protein 10 per cent deficient; fat 40 per cent deficient; carbohydrates 49 per cent deficient; and 19 per cent deficient; iron 19 per cent deficient; iron 19 per cent deficient; iron 19 per cent deficient; old 10 per cent deficient; vitamin A 75.5 per cent deficient; vitamin B 25 per cent deficient; vitamin B 26 per cent deficienties of calcium, phosphorus, iron, iodin and vitamins A, B, C, G and D.	s 36 per ce iron 19 p deficient; he deficie	ent deficient der cent de vitaminentes of	ent; prote leficient; G 25 per c calcium,	in 10 per lodin 98 gent defic phosphor	r cent de per cent sient; vi rus, fron,	ficient; f deficient itamin D , lodin ar	at 40 per t; alkalin 100 per o	r cent de feet foods sent deficens A, B,	eficient; 39 per ce cient. C, G and	carbohyc ent defici d D.	Irates 49 lent; vita	per cent min A 78	deficien 5.5 per c	t; calciu ent defic	m 67.5 p	er cent tmin B
E. G.: Add dicalcium phosphate (60 grains, 4 drams)	ains, 4 dra	ıms)			1,000	820										
9 alphabet tablets					29	32	15.5	.17	3,000.0		2.0	1,500	110	150	09	450
1 A and D capsule												13,300				1,850
Totals					1,355	1,477	22.84	1.22	3,026.0	16.39	31.9	16,824	246	720	288	2,300
															- 1	-

	Dencient
Energy foods	. 36
Protein	. 10
Fat	. 40
Carbohydrates	. 59
Calcium	67.5
Phosphorus	. 69
Iron	. 19
Iodin	
Vitamin A	
Vitamin B	
Vitamin C	
Vitamin G	
Vitamin D	100

Corrections were made as follows: A and D capsule, one; dicalcium phosphate, 60 grains; Alphabet tablets, nine; plus increase in alkaline foods.

The composition of the Alphabet tablets is as follows:

Nine tablets contain: 1,800 U. S. P. units vitamin A 110 Sherman units vitamin B 175 International units vitamin C 900 U. S. P. XI units vitamin D 110 Sherman units vitamin G			
2,500 gammas iodin 15.5 milligrams iron .15 milligram copper .10 milligram manganese			
Also generous amounts of potassium, trace elements.	sodium	and	the

Case 2.—R. G., male, age $11\frac{1}{2}$ years, height 59 inches, weight 73 pounds (normal 88 pounds); 15 pounds underweight.

Diet analysis:

	Deficient
Protein	22
Fat	15
Carbohydrates	40.5
Total calories	27.5
Calcium	25
Phosphorus	45
Iron	55
Iodin	98
Alkaline food	35
Vitamin A	45
Vitamin B	59
Vitamin C	45
Vitamin G	10
Vitamin D	

It was necessary here to increase fundamental foods as follows: Milk, one quart; add one egg daily; add whole-wheat bread or whole-wheat cereal; one citrus fruit daily; two generous servings of green vegetables; one generous-sized potato; one fruit, like bananas or apples; meat with iron, iodin, and vitamins A and D.

With these changes the patient gained $4\frac{1}{4}$ pounds in two months and 12 pounds in six months.

CASE 3.—B. W., female, age eight. Referred by dentist because of caries and poor condition of teeth. Mother also complained about slowness in gaining weight.

Diet analysis:

Dict allalysis.	Per Cent
	Deficient
Protein	
Fat	25
Carbohydrates	
Total energy	
Calcium	
Phosphorus	
Iron	
Iodin	- II
Vitamin A	
Vitamin B	2.7
Vitamin C	
Vitamin G	
	10
Vitamin D	
Acid-base ratio 50 per cent deficient in alkaline	iooas.

Corrections:

Add one pint of milk, two squares of butter, citrus fruit, one green vegetable, one potato, and six Alphabet tablets daily.

Table 8.—Seven-day Diet of	Diet of	S. S., A		Weight	Fifty Po	unds; No	rmal We	ight Six	y-two Po	1e 81/2, Weight Fifty Pounds; Normal Weight Sixty-tsvo Pounds; Tsvelve Pounds Undersveight	welve Pa	unds Un	derweig	h		
	Pro-	Fat	Car- bohy- drates	Calo-	Cal-	Phos- pho- rus	Iron	Copper	Iodin	Acid	Base	Vita- min	Vita- min	Vita.	Vita-	Vita- min
Two oranges	2.4	9.	34.8	154	136	64	1.56	42.	4.8		16.8	220	130	1,560	9	
Orange juice, 400 grams	2.4	4.	28.4	156	116	64	96.	.32	6.4		18.0	280	180	2,080	8	
Four tomatoes	3.6	1.6	15.6	92	44	104	2.4	.28	6.4		22.4	2,380	112	2,080	64	
Three-quarters waffle	4.8	1.5	39.3	195	33	114	99.	.36		3.3						
Butter, 175 grams	2.1	149.1		1,393	82	88	.35		28.0			8,400				
Milk, 3,000 grams	99.0	120.0	150.0	2,070	3,600	2,790	7.2	واع	200.0	1	69.0	6,900	540	1,800	1,200	
Eleven silces bread	25.3	25.53	146.3	dI)		253	2.42	S.		16.5		83				
Peanut butter, 16 grams	4.7	4.7	2.7	97		72	4-					Ì	j			
Sugar, 20 grams	6	,	79.0	3	9	100	1	ٳ		:					j	
TWO egg yolks	8:	16.6		182	8	797	2.54	9	9.	9.9		20	82		99	
Ice cream, 200 grams	8.0	28.0	40.0	444	300	240	24.	40.	0.8		4.					
Summer Son Brains	4.	4	20.0	8 0	87	911	1.82	40	3.2		0.4	22	88		9	
Choose Af canons	9 6			٥	2 0	- :		5	»		<u>+</u>		Ì			
Cream, 40 grams	71.8		7.7	3 5	24 6	300	6	Ì;	0.0	1		2,160	Ì			
Doots to canonic	1.07	9779	ء اد	969	200	cTo	1.23	ct.	12:0	*; *		2,400	Ì	j		
Four appriorts	- -	6	19.4	9 8	71	2 6	68.	8 9	واه		4.4	-	Ì		£	
Spinoch 100 grams	116	3 6	10.0	86	1 12	3 8	200	9 5	0 0		100	180	1			
Ground round 140 grome	1300	9 0	9.5	206	5 0	8 5	0.00	21.00	١		0.72	6,0,0	g :	Ì	9	
Sorombled come 00 cmms	200	3	6	116	9 6	141	1 20	5	٥	11:0		100	FI	Ì	700	
Two ears corn	4.4	30.2	30.4	156	9 =	140	1.63	9 9	0.0	9 0	†	1,020	2	Ì	96	
Chocolate 10 grams	5	0 7	8	1 2		4	3 6	i k	-	0.7	1	Ì	İ			
Two nums	-	2	12.4	54	200	33	, P.	3 2	4	Ì			İ	Ì		
Spaghetti, 100 grams	2.7	: -:	16.9	8	2 2	32	25		2.1			İ		Ì	Ì	
Two eggs	13.4	9 0		148	8	180	9.6	76	8	110	Ì	1 900			130	Ī
Fresh peas, 80 grams	2.8	2	6.7	4		2	84	5 6	واو		1	180	#0 P	Ì	100	
Lettuce. 75 grams	6:	65	2.2	15	33	150	52	8	-		7	275	26	AF.	32	
Cream of tomato, 400 grams	12.0	30.8	28.4	436	360	304	1.52	9	5.4		200		3	2		
Beets, 20 grams	w.		1.9	6	9	000	.47	40.	67		22	6	Ì	Ì	20	
Carrots, 80 grams	6:	le:	7.4	37	45	37	15.	90.	1.2	9.8	9	1.875	10		40	
One radish	۱-:		2.	က	-	8	-:	.02	62.		65					
One candy bar	4.8	21.0	30.7	331	56	127	88.	4:			1.0					
Rice krisples, 200 grams	12.6	7.	189.0	798	21	21	5.67	.42	1.05	21.0						
One slice bacon	1.8	23.0		39		=	.15	9.	9.	9.					4	
One pear	ابو		14.1	89	12	92	چ		1.6		4.2					
Eight dried cooked prunes	e.5	1	17.1	69	-	15	4:	.02	œ.							
Asparagus, 90 grams	4:	27	2.6	» :	ន្ត	E	œ.	20.	1.2		ابع	72				
Koast beer, 28 grams	9.	1:0	6	45	2 :	92 ;	ان	20.	<u>1</u>	2.9		4	2		22	
Molasses, 40 grams	7.7 8	*	7.086	717	118	ET 2	T. 86	o	 	<u> </u>						
Raisins, 25 grams	4	00	19.0	98	92	2	22	9	4	-	8.4				1	
Lemonade, 200 grams	9	4:	8.4	8	16	4	4:	0.0	96.		2.8		24	340		
White sauce, 25 grams	6:	3.0	2.1	39	26	30	7.	6	-		2		1			
String beans, 90 grams	1.8	2.	6.9	34	37	42	74.	89	1.2		4.3	255	1			
Whipped cream, 50 grams	1.6	12.0	2.8	124	99	48	.12		8.0			2,880				
	13.3	5.7		104	15	150	.7		50.0	5.0						
al	328.9	484.8	982.1	9,452	6,332	6,655	56.7		372.76	95.7		36,039	1,264	7,105	2,107	000
Average daily	47.0	69.0	140.0	1,350	904	920	8.1	1.03	53.0	13.7	32.6	5,148	180	1,015	301	
				-	1 to 1.08	80.				1 to 2.35	.35	-	-	•	-	
66 ner cent deficient; Protein 17 per cent deficient; fat 10 per cent d	; fat 10]	per cent	deficient	; carboh	drates 3	3 per cel	nt deficie	nt; calor	ies 25 pe	r cent de	ficient; c	alcium 3	g per cen	it deficie	deficient; carbohydrates 33 per cent deficient; calories 55 per cent deficient; calcium 38 per cent deficient; phosphorus	horus
adequate; vitamin G adequate; vitamin D 100	per cent	deficient	nemerant.	, annamme	#0 DOOT	her cent	nemeration	, vicainin	ed to w	cent der	icient; v	tamin B	eo per c	ent denci	ent; vital	o Hill Hill Hill Hill Hill Hill Hill Hil

Per Cent

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Case 4.—V. P., female, age 16, height 66½ inches, weight 115 pounds (average 128). Referred by a dentist for diet analysis because of dental caries, with additional complaints made by mother of exhaustion, poor appetite, under weight, and subnormal temperature.

Diet analysis:

	I or Conc
	Deficient
Energy foods	. 40
Protein	. 44
Fats	
Carbohydrates	. 40
Calcium	. 48
Phosphorus	
Iron	. 54
Iodin	99.5
Vitamin A	44
Vitamin B	. 50
Vitamin D	
***************************************	. 100

With corrected diet and rest period, this patient gained ten pounds in three months.

Case 5.—S. S., female, age 8½ years, weight 50 pounds (normal 62); 12 pounds under weight. Complaint was inability to gain weight. Had been in preventorium for six months with weight stationary. (Table 8.)

Diet analysis:

	rer Cent
	Deficient
5	
Protein	
Fat	. 10
Carbohydrates	
Calcium	. 38
Phosphorus	. 66
I nosphorus	. 99
Iron	. 51
Iodin	. 99
Alkaline food	. 34
Vitamin A	. 31
Vitamin B	. 60
Trita	
Vitamin C	.adequate
Vitamin G	adequate
Vitamin D	100
	. 100

With corrected diet this patient gained two and one-half pounds in two months and four and onequarter pounds in four months.

COMMENT

From a series of twenty-five cases, selected at random from a larger group, the following deductions may be drawn. In children's diets the amount of protein is usually deficient. The acid-base ratio is frequently out of balance. The calcium-phosphorus ratio is frequently out of balance.

In no diet has there been an adequate supply of iron, the deficiency running from 35 to 75 per cent.

In no diet has there been an adequate supply of iodin, the deficiency running from 50 to 99 per cent.

In no diet has there been an adequate supply of vitamin A, unless the patient was taking a fish-oil preparation.

All diets, unless a fish oil was taken, and barring sunshine, were 100 per cent deficient in vitamin D.

IN CONCLUSION

Diet analysis is a valuable adjunct to pediatric practice, probably its greatest usefulness being in undernutrition, allergy, and dental problem cases.

804 Medico Dental Building.

3564 First Avenue.

DISCUSSION

E. EARL Moody, M. D. (829 South Alvarado Street, Los Angeles).—We are very grateful to Doctors Hough and Walsh for reminding us of some of our shortcomings. We all know better than to allow any of our cases, that are difficult to handle, to go for any length of time on deficient diets. Yet it's so easy to allow a child to drift on a diet which is not optimum, especially if the morbid condition

for which the child consults us, is under control. We are also grateful to Doctor Hough for giving us such a good review of the essentials of a balanced diet. She has very clearly pointed out to us a method of diet analysis.

It is rather startling to see her analysis of diets, which have been published as being ideal and supposedly balanced, fall short of this balance when thoroughly analyzed. Perhaps these diets were not kept up to date in view of our modern knowledge of chemistry of foods, even though they were taken from very recent textbooks.

It has been our observation that children are very commonly deprived of sufficient minerals, vitamins, and proteins due to a poorly supervised diet. Such a deficiency, long continued, will bring an ultimate malnutrition, from which it would be most difficult to recover.

The object lesson of this paper is to challenge us to become more expert in our knowledge of dietetics, and to analyze more carefully the diet we offer children both in health and disease.

HELEN B. PRYOR, M. D. (Stanford University).—We often hear of the plight of children who are undernourished because of the poverty of their parents. We do not always realize that a child may be malnourished when he lives in the midst of plenty.

I am glad that Doctor Hough has called our attention to the fact that malnutrition exists whenever a child's body is not receiving the materials necessary to its proper growth and development. And it is not the food available that determines a child's nutritional status, but only that which is eaten and utilized.

The way to be sure that a proper balance is being maintained is to analyze the weekly diets in the manner described by Doctor Hough.

I helped with the nutrition study of the children from families on relief in San Francisco, a few years ago, and analyses of their diets frequently showed deficient protein intake, probably because protein food is expensive.

In private practice, the nutrition problems and the "hunger strikers" were overwhelmingly linear-type children. In one study, we measured all the children who were brought in because of poor appetite or refusal to eat, and found that 82 per cent of them were definitely of linear type. Analysis of the diets of these children often showed a very high proportion of fat, indicating that the mothers of these slender-built children tried to change them into broad-built children by the forcing of high fat, high calory diets

I was convinced of the folly of overstandardization in diets, as well as in other fields, when we found by experience that linear-type children responded best to low fat and low roughage diets.

A careful analysis of diets, then, is necessary to know just what a given child is getting, and this makes it possible to adjust his food to his individual needs.

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HELEN HOPKINS, M. D. (3875 Wilshire Boulevard, Los Angeles).—The authors have presented a method of evaluating the child's diet in relatively simple terms. Such a system could be used to advantage in those cases which show a congenital lack of interest in food and others which show decided food preferences resulting in dietary imbalance. If one is on the alert to discover food deficiencies which may develop under these circumstances, substitutions or additions may be made to the diet which would not only satisfy the child's basic physiological needs, but would make some appeal to the child. The authors have made a valuable contribution in suggesting that an exact inventory be made of the foods consumed over a given period of time. Such a study would not be necessary, however, if the child demonstrates a wholesome interest in food and if the mother follows suggestions made to her by the child's physician. I am asked almost daily, "Does my child still need to take cod-liver oil?" Such a question could be answered more convincingly if one knew the actual optimum requirements, and the child would be more apt to be supplied with the food factors needed for normal development.